

# Sexual Violence in COVID 19– Is Home a safe space?\*

***Gouri Bhuyan***

Department of Applied Psychology and Counselling Center  
University of Mumbai  
Email: gouribhuyan23@gmail.com

*\* Prize winning essay at the "Essay Contest Series 2" on the theme of "Sexual Violence in Covid-19... Is the Home the Safe Place?" organised by Majlis in honour of the Late Justice Hosbet Suresh.*

Equality is not debatable. Equal rights are not debatable. A debate entails the possibility of an opposition. In this case, it would mean acknowledging that inequality is a legitimate opinion worth defending. However, accepting inequality as an option would render any society baseless. A society exists on the basis of social contracts. Contracts that smaller subsets of society informally agree upon. But when one of these subsets fails to uphold their end of this contract, the foundation of society, as a whole, collapses. These subsets of society encompass the various labels we categorise ourselves under. This could be on the basis of race, gender, sex, sexual orientation, caste, colour, creed, religion, socio-economic status, dis/ability, among others. Yes, we all are a unique combination of these labels. And that makes us different, but not unequal. This raises the question of the need for these labels at all? Why not move forward, as a society, while leaving these labels behind? Unfortunately, each of these labels carries with it a historical significance and context, or as Clifford Geertz would call it, a thick description (Lincoln and Denzin 2003). For instance, doing away with the concept of gender does nothing to establish an egalitarian gender-based status quo, because it denies gender-based minorities the right to mourn and voice their lived experiences and historic traumas; and also robs the privileged of an opportunity to acknowledge their role as oppressors, and thereafter their attempts to do better. Erasing the history of words and actions does nothing for the struggle towards equality, besides recreating a makeshift 'tabula rasa' for rewriting, from scratch, our collective narratives of oppression.

The distribution of power has remained static, because that is the only way the beneficiaries of the existing systems of hegemony can maintain the status quo. This hegemony is systemic and pervasive, manifesting itself in symptomatic violence against minorities. One of these symptoms in its most brutal form is sexual violence. In the recent past, various media platforms have attempted to debunk the myth that perpetrators of sexual violence are strangers to the victims. More often than not, the violator is someone that the victim knows. Children and women are considered the most vulnerable populations when it comes to sexual violence. Both are minorities in their own right. At this point, it is important to bear in mind that the word “minority” is used not as a symbol of quantitative representation, but as a symbol for qualitatively representing the experience of being oppressed. That is to say, even if women hypothetically constitute a numerical majority of the population (let us consider 51% of the world’s population), their experience of being exploited renders them a minority. Wariness of the unknown, fear of strangers, self-preservation and safety outside the home is a reiterative lesson echoed in the homes of Indian families. We tell our children stories of daakus who steal unsuspecting children by offering them chocolates. We instruct them to not stray too far away from home while playing outside. What we fail to warn them of is danger within the house. India, as a culture, is no stranger to violence at home, particularly domestic violence. And this heinous exploitation continues to prevail because it is considered a marital or domestic issue, not a societal one. However, sexual violence is different. Not by nature of severity; different forms of violence are not quantitatively comparable. But the sexual nature of sexual violence makes it different – invasive, almost personal. And the systems in place in Indian society serve only to exacerbate the adverse nature of such a violation. Sexual violence typically stems from the real and/or perceived inequality between men and women, which is then influenced by cultural factors and values.

The existing rape culture in India, for instance, reinstates the function of women as sexual objects; therefore, the sexual violation of said object becomes the worst means of humiliation there is for a woman, and the most powerful means of performative dominance there is for a man. And this sexual violence may not necessarily be active. Passive, but blatant use of means like rape threats to women and their families, the sexual degradation or “slut-shaming” of women, and moral policing of women and sexual and non-sexual aspects of their lives,

among others, also constitute violence. Rape culture refers to any environment where rape is prevalent, which normalizes sexual violence against women and excuses it through media and popular culture. Sexual violence includes aspects of control, power, domination and humiliation. While the act in itself may not be sexually gratifying for the perpetrators, the meaning attributed to power for them may often override the sexual goals of the act itself. From a very young age girls are told “for their own good” to protect their virginity, because “boys will be boys” and will want to take advantage of them. They are told to cover up because it’s in the nature of men to stare and therefore, it being natural for them to feel sexually aroused, and thereafter be sexually violent. The responsibility for safety lies on women and not on the men threatening it. While this may be a temporary solution for mothers of daughters in India, the problem at large is not addressed. This is because women and men who know better never tell their sons, brothers, and husbands to not take advantage of women, or to not stare. Men are apparently born sexually deviant (probably not deviant, if it’s normal), and so, women must learn to protect themselves – an argument of convenience made by men to shirk all responsibility, and by some women who are victims of their systems, taught to cling on to every word that spills out of a man’s mouth. The moral policing of women never ceases. Because of the extent of importance placed on the sexual purity and sanctity of women in general, and particularly so in India, for a woman to be violated in that very way becomes her ultimate fear. And fear is but the fuel to power. This begs a question – If the culture as a whole was to reduce the importance it gave to the sexual purity of a woman, could it be possible that threats of sexual violence against women and those perpetuating them would lose their power? Additionally, the humiliation associated with sexual violence and the onus of getting violated is dumped on the victim. Even consensual sex is not spoken about openly and directly in Indian families. One can only imagine how shameful it could feel to be violated in a way, which even when done consensually is a taboo. Rape within the institution of marriage is not even considered an offence, because we have normalized and even romanticized the complete body-and-soul possession of a woman by her husband. Akin to how children are never warned of danger within the house, women are not warned of dangers within a marriage – both institutions that feign safety, but have repeatedly failed us.

Men too are victims of sexual violence, almost always to other men. Male children

in particular fall prey to undiagnosed paedophilia and sexual deviance, some of which may be psychopathological, while others a warped need for power, dominance and control. The Indian culture refuses to acknowledge that boys can be raped. Therefore, for a victim of such violence, the shame is double fold because he is denied of his trauma and unable to speak of it. This endows the perpetrator with an additional sense of power and the audacity to repeat the offense. Given that sexual violence against women and children was already highly prevalent in India, it serves to reason that the situation has only gotten aggravated during the COVID-19 pandemic. Past research has shown that there was a marked increase in sexual and gender-based violence in West Africa during the 2013-2015 Ebola pandemic (Onyango, Resnick, Davis and Shah 2019). Evidence also suggests that rates of sexual violence typically increase during states of emergency or unrest, as during a natural disaster, active conflict or even health crisis. For instance, reports indicate that the rates of sexual violence increased by 45% during Hurricane Katrina and in the recovery period that followed. In a country like India where the rates of sexual violence are already skyrocketing, even a minute percentage increase in rate is dangerously telling. During any pandemic or disease outbreak, almost all response efforts are focused on controlling the disease. This diverts the resources allocated to sexual violence prevention, into contingency efforts in managing a disease outbreak. As stated by the National Sexual Violence Resource Center (NSVRC), "the reporting of sexual violence in disasters is often considered a 'luxury issue—something that is further down on the hierarchy of needs' for disaster victims." In the March of 2020, in the USA, a half of the calls made to the National Sexual Assault hotline were made by minors - an occurrence not witnessed before at this scale. 67% of these minors alleged that their perpetrators were family members, while 79% claimed to be living with their perpetrators. The numbers go to show that for many children the stay-at-home order appears to be unsafe. Given that children and young adults are less likely to succumb to a COVID positive diagnosis, the threat of sexual violence becomes much more threatening for them than the threat of contracting the disease. A renowned trauma expert from Harvard Medical School, Judith Lewis Herman has found that the coercive methods used by domestic abusers to control their partners and children resemble those kidnappers use to control their hostages (Herman, 1995). She wrote in a 1992 article published in the *Journal of Traumatic Stress*, "common tools of abuse include isolation from friends, family and employment; constant

surveillance; strict, detailed rules for behaviour; and restrictions on access to basic necessities such as food, clothing and sanitary facilities” (Herman, 1992). The stay-at-home orders in countries afflicted by the pandemic serve only to exacerbate the situation by giving abusers the perfect excuse and opportunity to inflict harm, while leaving the victims helpless, with nowhere to go. Even without the added threat of a pandemic, only about 23% of sexual assaults are reported to the police (Rai 2020). The Indian legislative system was already struggling to cope with even the small percentage (but overwhelming number) of cases that have actually been reported in the past, with a massive backlog of cases.

With the added challenge of a pandemic, the deluge of adversities on the executive and judicial institutions of this country appears almost debilitating. The country is struggling to grapple with the pandemic alone. As of July 14th, 2020, India ranks third globally as its case count surpasses that of Russia. The pandemic has been a time of extreme uncertainty and ambiguity with mixed information reaching us from media sources. The lack of direct transparency on the part of the government has added to the stress. The stress of an uncertain future, along with the loss of livelihood is likely to increase the frequency of violence in abusive households. If the abuser is the sole bread-winner of the family, then the likelihood of him exercising more control through withholding money and resources is even higher. Moreover, the victims of sexual violence are isolated from the social support networks that they otherwise had access to. Women in cities like Mumbai are finding it even more difficult to reach out for help through the conventional means of phone calls because the abuser is living with them and around them at all times. So now, NGOs like URJA have seen an almost four-fold increase in “crisis emails” from women survivors of domestic violence in the months following the pandemic. The police forces that are in place to safeguard the rights of citizens and ensure security are all tied up in minding the rules and regulations of the lockdown. It, therefore, requires nearly double the amount of effort to reach out to victims, than that before the lockdown. Medical services are overworked and hospitals filled with COVID patients. Most hospitals have been declared as COVID centres, and almost all have run out of beds for patients. Medical teams of doctors and nurses are all entirely dedicated to COVID frontline work, with other specialists being allowed to practice roughly only about once a week. In such situations, there is almost no time, space, energy, resources left to test for

evidence of sexual violence. The Government of India announced its first 21-day nationwide lockdown on March 24th, 2020, allowing the citizens a span of 4 hours to prepare for the curfew. As expected, no one was fully equipped for what was to come. And women and children, as usual, fell prey to their circumstances. Other populations vulnerable to sexual violence include persons with disabilities, and those suffering from mental illnesses. And for most of these populations, stay-at-home does not translate to safe-at-home.

Given this situation, what can then be done? It is of utmost importance that the authorities in power first recognize that this is an issue of extreme importance. While the disease skewedly affects late adults more than it does early adults, adolescents, and children (populations more prone to sexual violence at home, due to dependency on family members), sexual violence at home appears to be another silent pandemic all by itself. While social distancing is important, resources can be redistributed to attend to pressing cases of sexual violence, and directed to providing relief to survivors. NGOs working in the field of gender-based violence and discriminations, child abuse, emancipation, must join hands (figuratively!) with local communities to recreate and re-establish a social support network for those in need of being heard and rescued. At this point, given that we must remain physically distant from one another, community engagement from our homes becomes pivotal. Frontline workers must also be vigilant about picking up on signs of possible sexual violence among patients that they do happen to encounter. Yes, the pandemic is a pressing issue. Yes, the country is undergoing a massive economic crisis. Yes, people are hungry, unemployed, and unwell. Yes, violence appears to be the least of the problems. Except it isn't. The pandemic appears to be the biggest issue at hand because the news and media channels are covering it extensively. Any information we read, watch or listen to pertains to the death count and active cases of COVID-19. If the media were to cover the cases of sexual violence at home with as much rigour, we would be shocked to our very roots at the number of children and women being violated at the very moment that we are hearing of it. You may argue that the disease is infectious and, therefore, of more immediate importance. And I will repeat myself – adversities cannot be quantitatively compared. Over centuries there have been more women and children who have succumbed to sexual violence than any media report, research paper, database, or tracking website

could possibly fathom. It is a disease in itself, more insidious and infectious than any virus could ever be, sneaking up on you in spaces you felt previously safe in. I indulge in comparison not because the kinds of destruction wreaked by both these diseases are comparable. Rather, I do so to draw attention to qualities that can be attributed to both. The virus kills those who are elderly and have co-morbid conditions, and leaves the others sick and recovering with a hope for future immunity. Sexual violence offers no immunity. It repeats, kills and takes the life out of its victims in ways that there is often no returning from. These survivors are living that nightmare day in and day out, while being stuck with the person/s hurting them, with no place and no one to call home. The trauma resulting from this period of crisis will not be easy to recover from. It will be irreversible in many ways, and possibly even generational. But what we can do, what is under our control is minimizing the damage that is currently being done. We cannot control a natural disaster, we can only cope. But violence, unlike a pandemic, is a human condition. We consciously choose it, and can therefore choose to consciously annihilate it. There are hundreds of thousands of people silently screaming, and going unheard. They need our help; they need your help. Reach out, be kind.

## REFERENCES

Herman, Judith L.1992. "Complex PTSD: A syndrome in survivors of prolonged and repeated trauma." *Journal of Traumatic Stress* 5, no. 3 (July): 377–391.Herman, Judith L. 1995. "Complex PTSD." In *Psychotraumatology*, edited by George S. Everly Jr. and Jeffrey M. Lating, 87–100. Boston MA: Springer

Lincoln, Y., and N. Denzin.2003. *Turning Points In Qualitative Research*. Walnut Creek CA: AltaMira Press.

Onyango Monica, Kirsten Resnick, Alexandra Davis, and Rupal Shah R. .2019. "Gender-Based Violence Among Adolescent Girls and Young Women: A Neglected Consequence of the West African Ebola Outbreak." In *Global Maternal and Child Health (Medical, Anthropological, and Public Health Perspectives)*, edited by D. Schwartz, J. Anoko, S. Abramowitz, 121–32. Cham: Springer.

Rai, Dipu. 2020. "Sexual Violence Pandemic In India: Rape Cases Doubled In Last 17 Years." *India Today*, December 13, 2019. Accessed on August 11, 2020. <https://www.indiatoday.in/diu/story/sexual-violence-pandemic-india-rape-cases-doubled-seventeen-years-1628143-2019-12-13>